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36802 7590 10/17/2006

PACESETTER, INC.
 15900 VALLEY VIEW COURT
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Estella Pingiro (Depositor's name)

Derrick Reed (Signature)

Refiled 2007-01-16 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/821,241	04/07/2004	Steve Koh	A04P1034	9568

TITLE OF INVENTION: SYSTEM AND METHOD FOR APNEA DETECTION USING BLOOD PRESSURE DETECTED VIA AN IMPLANTABLE MEDICAL SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(\$ DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	01/17/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TOTH, KAREN E	3735	600-485000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	1 _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **PACESETTER, INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY) **15900 Valley View Court
 Sylmar, CA 91392-9221**

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature Derrick Reed Date 11/16/07
 Typed or printed name **Derrick Reed** Registration No. **40,138**

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